

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. _____ FILING DATE _____	
APPLICANT(S) <b>09/936493</b>							

  

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1							51					
2							52					
3							53					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL							TOTAL					
TOTAL							TOTAL					
TOTAL							TOTAL					
CLAIMS							CLAIMS					